



Maine Bureau of Motor Vehicles International Registration Plan Uniform Distance Schedule - Schedule B

Account Number:

Fleet Number:

Effective Date:

SECTION 1 - ACCOUNT INFORMATION	
Account Name:	
Physical Address :	County of Residence:
City, State, Zip:	

DBA:
Mailing Address:
City, State, Zip:

Contact Person:
Phone Number: Fax Number:
Email Address:

Registration Expires:
Tax ID (FEIN or SSN):
US DOT Number: Date of Last Update:

SECTION 2 - DECLARED DISTANCE			
Y/N	Jurisdiction	Distance	Code
	Alberta		
	Alabama		
	Arkansas		
	Arizona		
	British Columbia		
	California		
	Colorado		
	Connecticut		
	Dist. Of Columbia		
	Delaware		
	Florida		
	Georgia		
	Iowa		
	Idaho		
	Illinois		

Y/N	Jurisdiction	Distance	Code
	Indiana		
	Kansas		
	Kentucky		
	Louisiana		
	Massachusetts		
	Manitoba		
	Maryland		
	Maine		
	Michigan		
	Minnesota		
	Missouri		
	Mississippi		
	Montana		
	New Brunswick		
	North Carolina		

Y/N	Jurisdiction	Distance	Code
	North Dakota		
	Nebraska		
	New Hampshire		
	New Jersey		
	Newfoundland		
	New Mexico		
	Nova Scotia		
	Nevada		
	New York		
	Ohio		
	Oklahoma		
	Ontario		
	Oregon		
	Pennsylvania		
	Prince Edward Island		

Y/N	Jurisdiction	Distance	Code
	Quebec		
	Rhode Island		
	South Carolina		
	South Dakota		
	Saskatchewan		
	Tennessee		
	Texas		
	Utah		
	Virginia		
	Vermont		
	Washington		
	Wisconsin		
	West Virginia		
	Wyoming		

Y/N Column: please place a "Y" to the left of each jurisdiction for which apportioned registration is required (all "Y" jurisdictions will appear on your cab card).

Code Column: please indicate the Distance Code for each reported distance per jurisdiction as follows: A = Actual Distance; E = Estimated Distance.

SECTION 3 - AFFIRMATION
I certify that the Actual Distances reported for the apportioned registration renewal are true and accurate for the period of _____ through _____ and are supported by adequate records.
Signature: _____ Title: _____ Date: _____